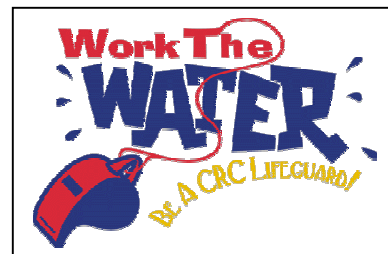




CINCINNATI RECREATION COMMISSION
An Equal Opportunity Employer
Two Centennial Plaza
805 Central Avenue
Cincinnati, OH 45202



AQUATIC STAFF APPLICATION

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Emergency Phone: _____

E-mail Address: _____

Job Applied for: (circle) LIFEGUARD HEAD GUARD POOL MANAGER
GATE MONITOR SECURITY MONITOR

Aquatic staff are assigned pool location(s) based on department need.

Preferred Area: (circle) CENTRAL EAST WEST

Date Available to start: _____ Hours Available: _____ Ending Date: _____

Education

HIGH SCHOOL

1	2	3	4
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COLLEGE

1	2	3	4	5	6	7
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Schools, Colleges, Universities attended:

Diplomas, Degrees

Credit Hours

Certifications/Licenses: ATTACH COPIES (**Applications without Lifeguard Training certification will not be processed**)

Certifications	Expiration dates	Additional Certifications	Expiration dates
Current Lifeguard Training		Certified Pool Operator	
Current Community First Aid & Safety		Aquatic Facility Operator	
Current CPR for the Professional Rescuer		Other Certifications:	
Current Water Safety Instructor			
Current Lifeguard Training Instructor			

CIRCLE YES OR NO

Valid Ohio Driver's License?

Yes No

Are you interested in coaching a swim team

Yes No

Would you like to become a Water Safety Instructor

Yes No

Would you like to become a Lifeguard Training Instructor

Yes No

Paid Experience: Start with your most recent job. Describe your job duties. Emphasize work that qualified you for the position for which you are applying. Include military service. If the following space is not sufficient, attach an additional sheet.

Dates Employed	From: Mo & Yr	To: Mo & Yr	Job Title:
Employer Name:			Job Description:
Address:			
City, State:			Supervisor:
Phone Number:	Hourly Salary:	Reason for leaving (if discharged explain):	

Dates Employed	From: Mo & Yr	To: Mo & Yr	Job Title:
Employer Name:			Job Description:
Address:			
City, State:			Supervisor:
Phone Number:	Hourly Salary:	Reason for leaving (if discharged explain):	

Have you ever worked for the Cincinnati Recreation Commission? Yes_____ No_____ When? _____

Do you currently work for the City of Cincinnati? Yes_____ No_____ What department? _____

Volunteer Experience: Describe volunteer activities that qualify you for the position for which you are applying. If the following space is not sufficient, attach an additional sheet.

Volunteer Dates:	From: Mo & Yr	To: Mo & Yr	Position Title:
Organization Name:			Position Description:
Address:			Phone:
City, State:			Supervisor:

References: List below two responsible residents of greater Cincinnati who can vouch for your character, ability and experience. Those who know your work experience are the most desirable. Do not list relatives

Name:	Type of business or name of employer:	Address:	Phone Number:

I authorize the City of Cincinnati and the Public Recreation Commission, their agent, employees and volunteers to communicate with the herein listed former employers, school officials and person named as references.

Note: Ohio state law requires employees age 18 and older working with children to be fingerprinted.

Applicant Signature: _____ Date: _____